

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029459

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317

541

2256

FILED AUG 13 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (if outside corporate limits, give TOWNSHIP only)

Clayton

Length of stay in 1b

DOA

c. FULL NAME OF (if NOT in hospital, give location)

St. Louis Co., Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

Manchester,

OR TOWN

Rt. 1, Box 28,

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(if outside, give location)

Canary Drive

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Thomas Wm. Joseph Hart Jr.

4. DATE OF DEATH

Month

Day

Year

8/3/62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/24/1940

9. AGE (last birthday)

21

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mail Clerk

10b. KIND OF BUSINESS OR INDUSTRY

McDonnell Aircraft

11. BIRTHPLACE (City and state or country)

St. Louis Co., Mo. USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Thomas Wm. Joseph Hart Sr.

13b. MOTHER'S MAIDEN NAME

Clara Iva Robbins

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Thomas Hart Sr., Manchester, Mo

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congenital heart disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 3:23 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Schrader Funeral Home, Ballwin, Mo.

22b. ADDRESS

Coroner Clayton, Missouri

22c. DATE SIGNED

8/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/6/62

23c. NAME OF CEMETERY OR CREMATORY

St. Joseph Cemetery,

23d. LOCATION (City, town, or county)

Manchester, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo.

25. DATE RECD. BY LOCAL REG.

8-4-62

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.